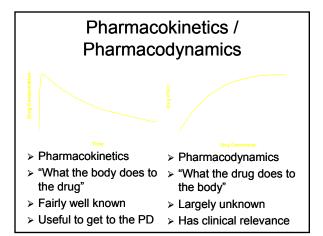
#### Noncompartmental vs. Compartmental Approaches to Pharmacokinetic Data Analysis

Paolo Vicini, Ph.D. Pfizer Global Research and Development

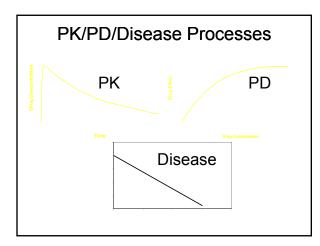
David M. Foster., Ph.D. University of Washington

#### Questions To Be Asked

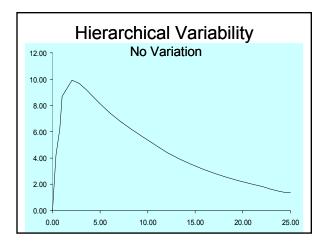
- > Pharmacokinetics
  - What the body does to the drug
- > Pharmacodynamics
  - What the drug does to the body
- Disease progression
  - Measurable therapeutic effect
- > Variability
  - Sources of error and biological variation



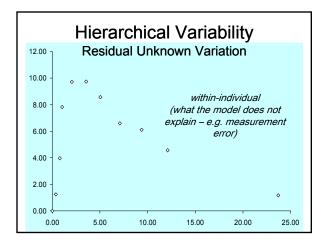




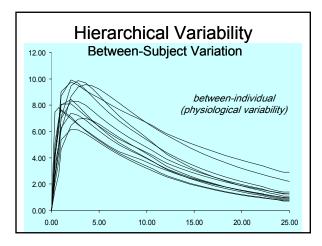




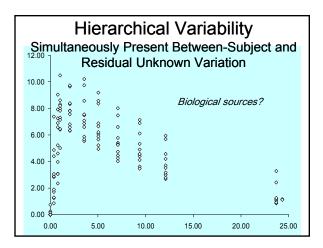














# **Pharmacokinetic Parameters**

- > Definition of pharmacokinetic parameters
  - Descriptive or observational
  - Quantitative (requiring a formula and a means to estimate using the formula)
- Formulas for the pharmacokinetic parameters
- Methods to estimate the parameters from the formulas using measured data

# Models For Estimation

Noncompartmental Compartmental

# **Goals Of This Lecture**

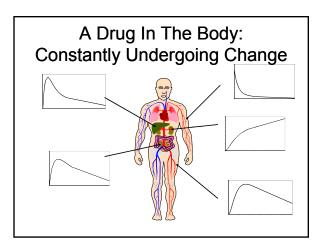
- > Description of the parameters of interest
- Underlying assumptions of noncompartmental and compartmental models
- Parameter estimation methods
- > What to expect from the analysis

# **Goals Of This Lecture**

- > What this lecture is about
  - What are the assumptions, and how can these affect the conclusions
  - Make an intelligent choice of methods depending upon what information is required from the data
- > What this lecture is not about
  - To conclude that one method is "better" than another

# A Drug In The Body: Constantly Undergoing Change

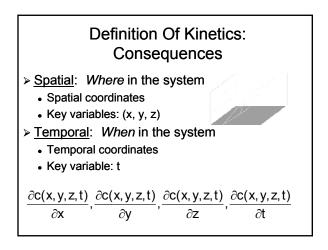
- > Absorption
- > Transport in the circulation
- > Transport across membranes
- > Biochemical transformation
- Elimination
- $\rightarrow ADME$ 
  - Absorption, Distribution, Metabolism, Excretion



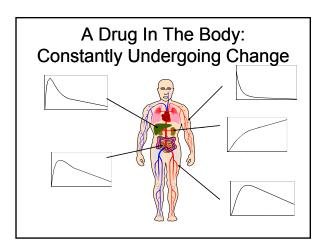
#### Kinetics And Pharmacokinetics

➤ Kinetics

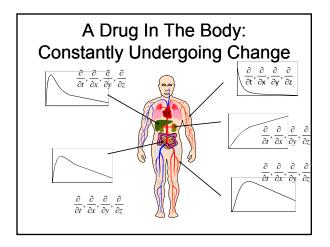
- The temporal and spatial distribution of a substance in a system.
- > Pharmacokinetics
  - The temporal and spatial distribution of a drug (or drugs) in a system.

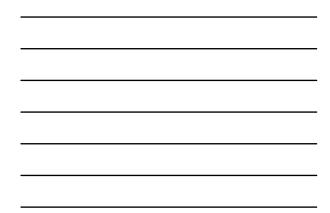












#### **Spatially Distributed Models**

- > Spatially realistic models:
  - Require a knowledge of physical chemistry, irreversible thermodynamics and circulatory dynamics.
  - Are difficult to solve.
  - It is difficult to design an experiment to estimate their parameter values.
- > While desirable, normally not practical.
- > Question: What can one do?

# **Resolving The Problem**

- Reducing the system to a finite number of components
- Lumping processes together based upon time, location or a combination of the two
- Space is not taken directly into account: rather, spatial heterogeneity is modeled through changes that occur in time

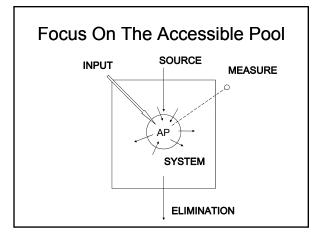
### Lumped Parameter Models

- Models which make the system discrete through a lumping process thus eliminating the need to deal with partial differential equations.
- > Classes of such models:
  - Noncompartmental models
     Based on algebraic equations
  - <u>Compartmental models</u>
    - · Based on linear or nonlinear differential equations

# **Probing The System**

- Accessible pools: These are system spaces that are available to the experimentalist for test input and/or measurement.
- Nonaccessible pools: These are spaces comprising the rest of the system which are not available for test input and/or measurement.

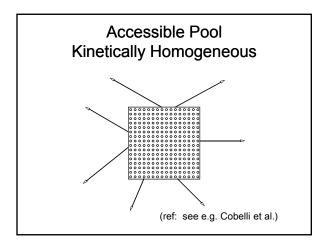




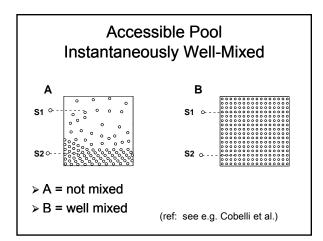


# Characteristics Of The Accessible Pool

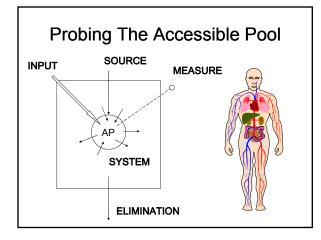
Kinetically Homogeneous Instantaneously Well-mixed













# The Pharmacokinetic Parameters

- > Which pharmacokinetic parameters can we estimate based on measurements in the accessible pool?
- Estimation requires a model
  - Conceptualization of how the system works
- > Depending on assumptions:
  - Noncompartmental approaches
  - Compartmental approaches

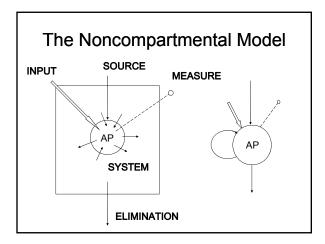
# Accessible Pool & System Assumptions $\rightarrow$ Information

#### > Accessible pool

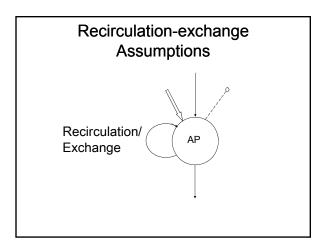
- Initial volume of distribution
- Clearance rate
- Elimination rate constant
- Mean residence time
- > System
  - Equivalent volume of distribution
  - System mean residence time
  - Bioavailability
  - Absorption rate constant

# Compartmental and Noncompartmental Analysis

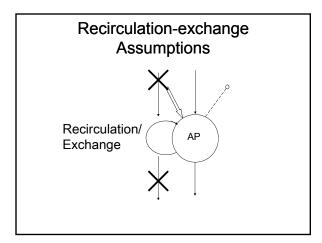
The only difference between the two methods is in how the nonaccessible portion of the system is described







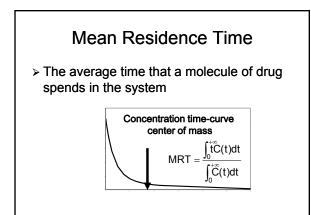


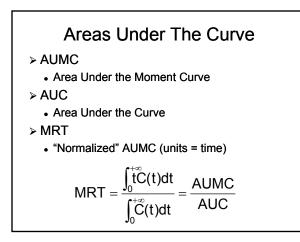


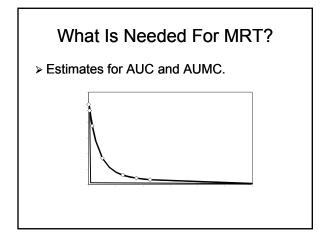


#### Single Accessible Pool Noncompartmental Model

- > Parameters (IV bolus and infusion)
  - Mean residence time
  - Clearance rate
  - Volume of distribution
- $\succ$  Estimating the parameters from data
- > Additional assumption:
  - · Constancy of kinetic distribution parameters









#### What Is Needed For MRT?

▹ Estimates for AUC and AUMC.

 $AUC = \int_0^{\infty} C(t)dt = \int_0^{t_1} C(t)dt + \int_{t_1}^{t_n} C(t)dt + \int_{t_n}^{\infty} C(t)dt$ 

 $AUMC = \int_0^\infty t \cdot C(t) dt = \int_0^{t_1} t \cdot C(t) dt + \int_{t_1}^{t_n} t \cdot C(t) dt + \int_{t_n}^\infty t \cdot C(t) dt$ 

- > They require extrapolations beyond the time frame of the experiment
- > Thus, this method is not model independent as often claimed.

# Estimating AUC And AUMC Using Sums Of Exponentials $AUC = \int_{0}^{\infty} C(t)dt = \int_{0}^{t_{1}} C(t)dt + \int_{t_{1}}^{t_{n}} C(t)dt + \int_{t_{n}}^{\infty} C(t)dt$ $AUMC = \int_{0}^{\infty} t \cdot C(t)dt = \int_{0}^{t_{1}} t \cdot C(t)dt + \int_{t_{1}}^{t_{n}} t \cdot C(t)dt + \int_{t_{n}}^{\infty} t \cdot C(t)dt$ $C(t) = A_{1}e^{-\lambda_{1}t} + \dots + A_{n}e^{-\lambda_{n}t}$

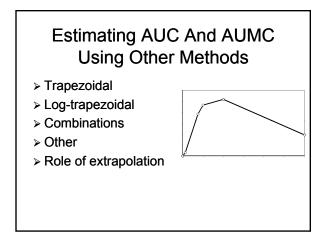
Bolus IV Injection  
Formulas can be extended to other administration modes  

$$AUC = \int_0^{\infty} C(t)dt = \frac{A_1}{\lambda_1} + \dots + \frac{A_n}{\lambda_n}$$

$$AUMC = \int_0^{\infty} t \cdot C(t)dt = \frac{A_1}{\lambda_1^2} + \dots + \frac{A_n}{\lambda_n^2}$$

$$C(0) = A_1 + \dots + A_n$$

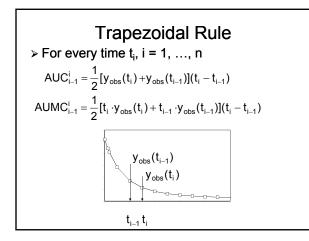




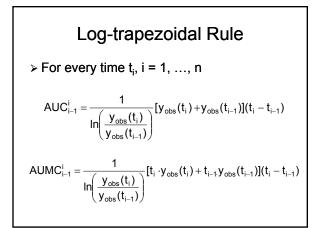


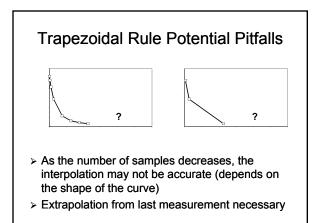
> These other methods provide formulas for the integrals between  $t_1$  and  $t_n$  leaving it up to the researcher to extrapolate to time zero and time infinity.

$$\begin{aligned} AUC &= \int_0^\infty C(t)dt = \int_0^{t_1} C(t)dt + \int_{t_1}^{t_n} C(t)dt + \int_{t_n}^\infty C(t)dt \\ AUMC &= \int_0^\infty t \cdot C(t)dt = \int_0^{t_1} t \cdot C(t)dt + \int_{t_1}^{t_n} t \cdot C(t)dt + \int_{t_n}^\infty t \cdot C(t)dt \end{aligned}$$





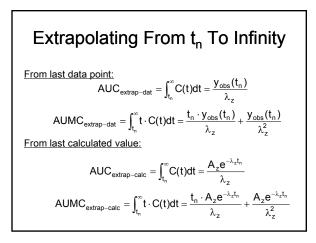




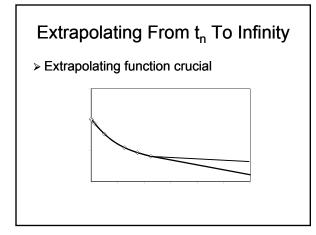


- Terminal decay is assumed to be a monoexponential
- > The corresponding exponent is often called  $\lambda_z$ .
- Half-life of terminal decay can be calculated:

 $t_{z/1/2}$  = ln(2)/  $\lambda_z$ 







To estimate the integrals, one sums up the individual components.

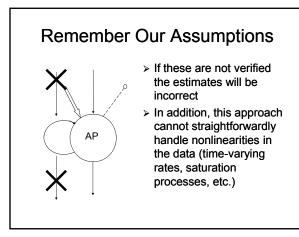
$$AUC = \int_{0}^{\infty} C(t)dt = \int_{0}^{t_1} C(t)dt + \int_{t_1}^{t_n} C(t)dt + \int_{t}^{\infty} C(t)dt$$

 $AUMC = \int_0^\infty t \cdot C(t)dt = \int_0^{t_1} t \cdot C(t)dt + \int_{t_1}^{t_n} t \cdot C(t)dt + \int_{t_n}^\infty t \cdot C(t)dt$ 

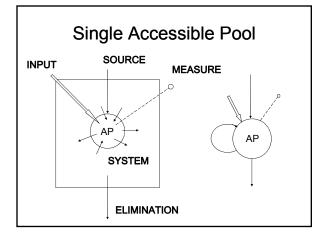
### Advantages Of Using Function Extrapolation (Exponentials)

- Extrapolation is automatically done as part of the data fitting
- Statistical information for all parameters (e.g. their standard errors) calculated
- There is a natural connection with the solution of linear, constant coefficient compartmental models
- > Software is available

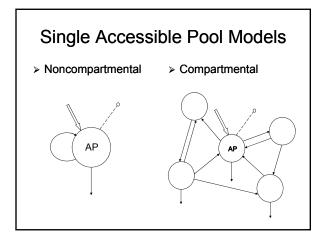
# Clearance Rate > The volume of blood cleared per unit time, relative to the drug $CL = \frac{Elimination rate}{Concentration in blood}$ > It can be shown that $CL = \frac{DrugDose}{AUC}$



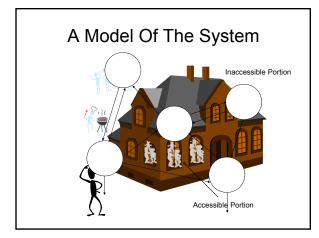
The Compartmental Model









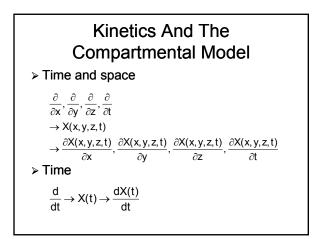




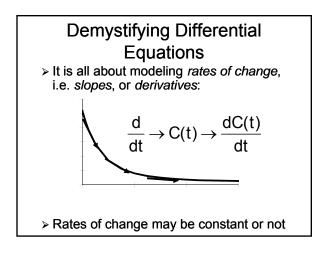
# **Compartmental Model**

#### Compartment

- Instantaneously well-mixed
- Kinetically homogeneous
- > Compartmental model
  - Finite number of compartments
  - Specifically connected
  - Specific input and output

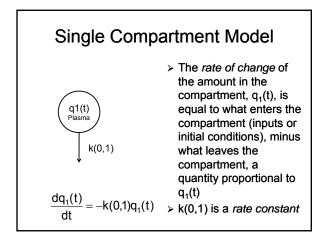




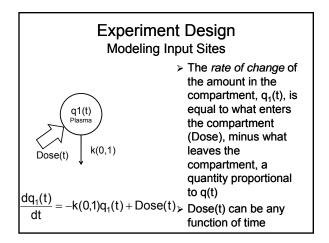


# Ingredients Of Model Building

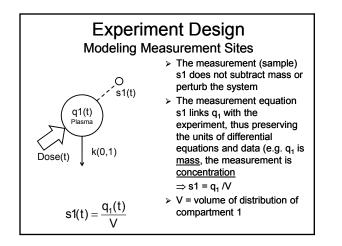
- > Model of the system
  - Independent of experiment design
  - Principal components of the biological system
- Experimental design
  - Two parts:
    - Input function (dose, shape, protocol)
    - Measurement function (sampling, location)



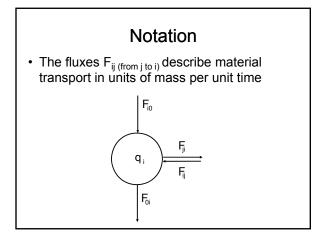














# The Compartmental Fluxes (F<sub>ii</sub>)

- Describe movement among, into or out of a compartment
- > A composite of metabolic activity
  - transport
  - biochemical transformation
  - both
- > Similar (compatible) time frame

#### A Proportional Model For The Compartmental Fluxes

- > q = compartmental masses
- > p = (unknown) system parameters
- k<sub>ji</sub> = a (nonlinear) function specific to the transfer from i to j

$$F_{ii}(q, p, t) = k_{ii}(q, p, t) \cdot q_i(t)$$

(ref: see Jacquez and Simon)



Remember the one-compartment model:

$$\frac{dq1(t)}{dt} = -k(0,1)q1(t) + Dose(t)$$
$$s1(t) = \frac{q1(t)}{V}$$

> What if we had a concentrationdependent drug elimination rate?

# Nonlinear Kinetics: Michaelis-Menten

> Michaelis-Menten kinetics:

 $\frac{dq1(t)}{dt} = -\frac{Vm}{Km + c(t)}q1(t) + Dose(t)$  $s1(t) = \frac{q1(t)}{V}$ > Vm = maximal metabolic rate

> Km = Michaelis-Menten constant

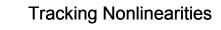
# Linear vs. Nonlinear Kinetics > If Km >> c(t) then: $\frac{dq1(t)}{dt} \approx -\frac{Vm}{Km}q1(t) + Dose(t)$ $s1(t) = \frac{q1(t)}{V}$ > The concentration declines at a rate proportional to it (*first-order kinetics*) > This is true at *low* concentrations (w.r.t. Km)



> If Km << c(t) then:

$$\begin{aligned} \frac{dq1(t)}{dt} &\cong -\frac{Vm}{c(t)}q1(t) + D\delta(t) = -Vm \times v1 + Dose(t)\\ s1(t) &= \frac{q1(t)}{V} \end{aligned}$$

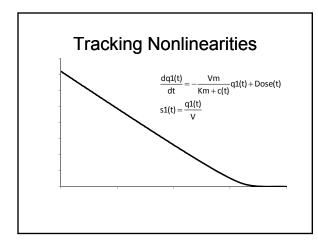
- > The concentration declines at a constant rate (zero-order kinetics)
- > This is true at *high* concentrations (w.r.t. Km)



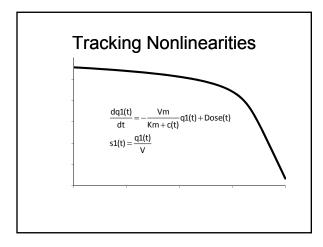
> How to find nonlinear behavior?

$$\frac{dq1(t)}{dt} = -\frac{Vm}{Km + c(t)}q1(t) + Dose(t)$$
$$s1(t) = \frac{q1(t)}{V}$$

Watch: Simulated concentration time profile for D = 180 mg, Vm = 20 mg/L/hr, Km = 1 mg/L, v1 = 5 L









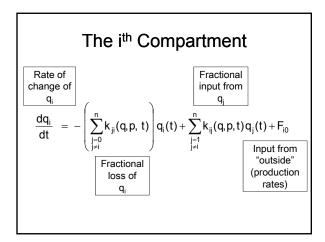
# The Fractional Coefficients (k<sub>ii</sub>)

- The fractional coefficients k<sub>ij</sub> are called fractional transfer functions
- If k<sub>ij</sub> does not depend on the compartmental masses, then the kij is called a fractional transfer (or rate) constant.

$$k_{ij}(q, p, t) = k_{ij}$$

#### Compartmental Models And Systems Of Ordinary Differential Equations

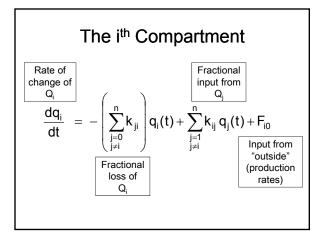
- Good mixing
  - permits writing q<sub>i</sub>(t) for the i<sup>th</sup> compartment.
- > Kinetic homogeneity
  - permits connecting compartments via the  $\boldsymbol{k}_{ij}.$



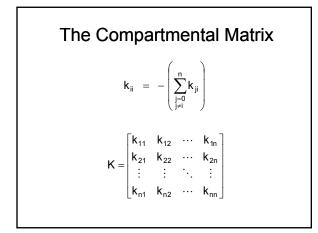


# Linear, Constant Coefficient Compartmental Models

- > All transfer rates  $k_{ij}$  are constant.
  - This facilitates the required computations greatly
- > Assume "steady state" conditions.
  - Changes in compartmental mass do not affect the values for the transfer rates



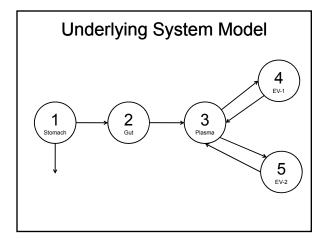




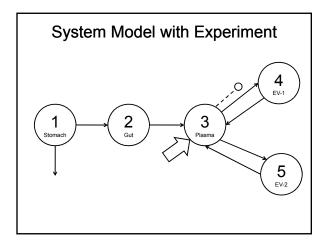


# **Compartmental Model**

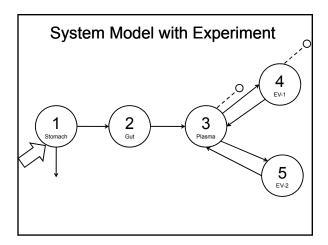
- > A detailed postulation of how one believes a system functions.
- > The need to perform the same experiment on the model as one did in the laboratory.





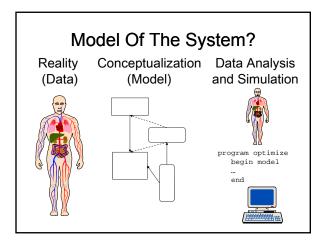




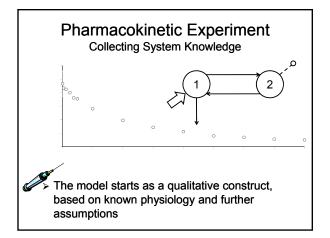


# Experiments

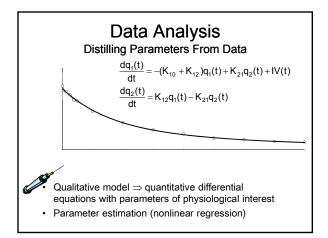
- > Need to recreate the laboratory experiment on the model.
- > Need to specify input and measurements
- ≻ Key: UNITS
  - Input usually in mass, or mass/time
  - Measurement usually concentration
     Mass per unit volume









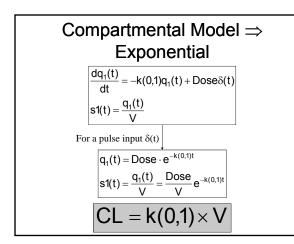


# **Parameter Estimates**

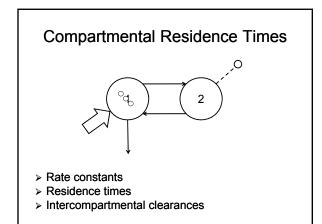
- Principles of model building
  - Model definition: structure, error model
  - Model selection: parsimony criteria
  - Estimation methods: maximum likelihood
- $\succ$  Model parameters:  $k_{ij}$  and volumes
- Pharmacokinetic parameters: volumes, clearance, residence times, etc.
- Reparameterization changing the parameters from k<sub>ii</sub> to the PK parameters.

# Recovering The PK Parameters From Compartmental Models

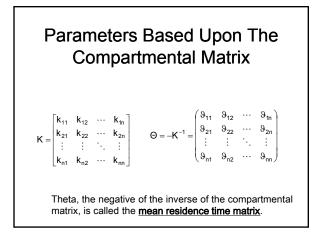
- > Parameters can be based upon
  - The model primary parameters
    - Differential equation parameters
    - Measurement parameters
  - The compartmental matrix
    - · Aggregates of model parameters













for the first time spends in compartment i before leaving the system.

$$\frac{\vartheta_{ij}}{\vartheta_{ii}}, \quad i \neq j \quad \text{The correct}$$

e probability that a drug particle in mpartment j will eventually pass through mpartment i before leaving the system.

# Compartmental Models: Advantages

- > Can handle nonlinearities
- Provide hypotheses about system structure
- Can aid in experimental design, for example to design dosing regimens
- > Can support translational research

#### Bias That Can Be Introduced By Noncompartmental Analysis

- > Not a single sink
  - = Clearance rate
  - $\downarrow$  Mean residence time
  - $\downarrow$  Volume of distribution
  - ↑ Fractional clearance
- > Not a single sink / not a single source
  - ↓ Clearance rate
  - ↓ Mean residence time
  - ↓ Volume of distribution
  - ↑ Fractional clearance

JJ DiStefano III.

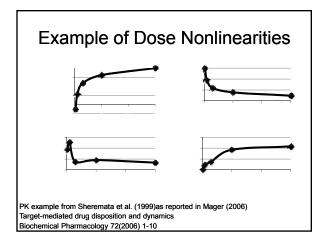
Noncompartmental vs compartmental analysis: some bases for choice. Am J. Physiol. 1982;243:R1-R6

### **Nonlinear Pharmacokinetics**

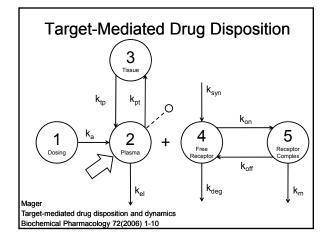
- > Example: antibody pharmacokinetics
- > Often, antibodies exhibit target-mediated disposition, and thus their elimination may occur at sites remote from plasma due to binding and internalization processes
- This is one of many possible biological processes causing nonlinear (capacitylimited) pharmacokinetic behaviors

# Impact of Noncompartmental Analysis Assumptions

- > When drug elimination is influenced by binding to its pharmacological target, the assumptions of noncompartmental analysis may not be met to a varying degree and parameter estimates may be misleading
- Noncompartmental analysis always requires linearity and time invariance, but it can be useful to explore nonlinearities









#### Take Home Message

- > To estimate traditional pharmacokinetic parameters, either model is probably adequate when the sampling schedule is dense, provided all assumptions required for noncompartmental analysis are met
- > Sparse sampling schedule and nonlinearities may be an issue for noncompartmental analysis
- > Noncompartmental models are not predictive
- > Best strategy is probably a blend: but, careful about assumptions!

#### Selected References

- > General references (compartmental models)
  - Jacquez, JA. <u>Compartmental Analysis in Biology and Medicine</u>. BioMedware 1996. Ann Arbor, MI.
  - Cobelli, C, D Foster and G Toffolo. <u>Tracer Kinetics in Biomedical</u> <u>Research</u>. Kluwer Academic/Plenum Publishers. 2000, New York.
- > Theory of noncompartmental and compartmental models JJ DiStefano III. Noncompartmental vs compartmental analysis: some bases for choice. Am J. Physiol. 1982;243:R1-R6
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- > Selected applications (nonlinear pharmacokinetics)
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